

## Application Data Sheet

### Application Information

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	ALARM NOTIFICATION SYSTEM AND DEVICE HAVING VOICE COMMUNICATION CAPABILITY
<b>Attorney Docket Number::</b>	066243-0267 (146044)
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	14
<b>Total Drawing Sheets::</b>	16
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### Applicant Information

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	US
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	David C.
<b>Family Name::</b>	Hastings
<b>City of Residence::</b>	Rancho Santa Margarita
<b>State or Province of Residence::</b>	CA

**Country of Residence::** US  
**Street of mailing address::** 20 Via Brida  
  
**City of mailing address::** Rancho Santa Margarita  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92688

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Canada  
**Status::** Full Capacity  
**Given Name::** Pierre  
**Family Name::** Charbonneau  
**City of Residence::** Ladera Ranch  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 6 Shelton Court  
**City of mailing address::** Ladera Ranch  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 92694

#### **Correspondence Information**

**Correspondence Customer Number::** 33679  
**E-Mail address::** PTOMailMilwaukee@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	33679	
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#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>

#### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### **Assignee Information**

**Assignee name::** GE Medical Systems Information Technologies, Inc.